## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: 06/24/2003

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Sequence submission?: None

Computer Readable Form (CRF)?:: No

Title :: Process for making polymorphic form A of 4-[6-

Not Yet Assigned

acetyl-3-[3-(4-acetyl-3-hydroxy-2-

propylphenylthio)propoxy]-2-

propylphenoxy]butyric acid

Attorney Docket Number:: 215233.00400

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 9

Small Entity?:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: U.S.A.

Status:: Full Capacity

Given Name:: Kenneth

Middle Name:: Walter

Family Name:: Locke

City of Residence:: Carlsbad

State or Prov. of Residence:: California

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Country of Residence::	U.S.A.
Street of mailing address::	1257 Belleflower Road
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	92009
Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	David
Middle Name::	Gregory
Family Name::	Roe
City of Residence::	Rockwood
State or Prov. of Residence::	Ontario
Country of Residence::	Canada
Street of mailing address::	143 Academy Place
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	N0B 2K0
Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.A.
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
City of Residence::	
State or Prov. of Residence::	
Country of Residence::	
Street of mailing address::	

City of mailing address:: State or Province of mailing address:: Country of mailing address:: Postal or Zip Code of mailing address:: **Correspondence Information** Correspondence Customer Number :: 27160 **Representative Information** Representative Customer Number:: 27160 **Domestic Priority Information** Application :: Parent Application:: Continuity Type:: Parent Filing Date:: This Application **Foreign Priority Information** Country:: Application number:: Filing Date:: Priority Claimed:: **Assignee Information** Assignee name:: Street of mailing address:: City of mailing address:: State or Province of mailing address:: Postal or Zip Code of mailing address::

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